



Statistical Report: 2024 Practical Exam Candidate Survey

Prepared for:



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CCSP® and DACBSP® Practical Exams

The CCSP® and DACBSP®

The American Chiropractic Board of Sports Physicians™ (ACBSP™) provides two certifications to the field: Certified Chiropractic Sports Physician® (CCSP®) and Diplomate of the American Chiropractic Board of Sports Physicians® (DACBSP®). After the practical exam in April 2024, a satisfaction survey was provided to allow examinees to share their thoughts regarding different aspects of the program.

Survey Results

This section will present the survey results. In the following figures, the y-axis represents the response options and includes the number of candidates responding to that option; the x-axis reflects the percentage of the total number of candidates. Note, the x-axis scale changes from figure to figure.

Registration

The items tapping into the registration process included the candidates' rating of their online registration experience, the communication post-registration they received through emails and/or the website, and the exam candidate Zoom information meeting. Candidates were generally happy with the registration process. Figures 1 and 2 present the results for the registration survey questions.

Figure 1

Online registration experience

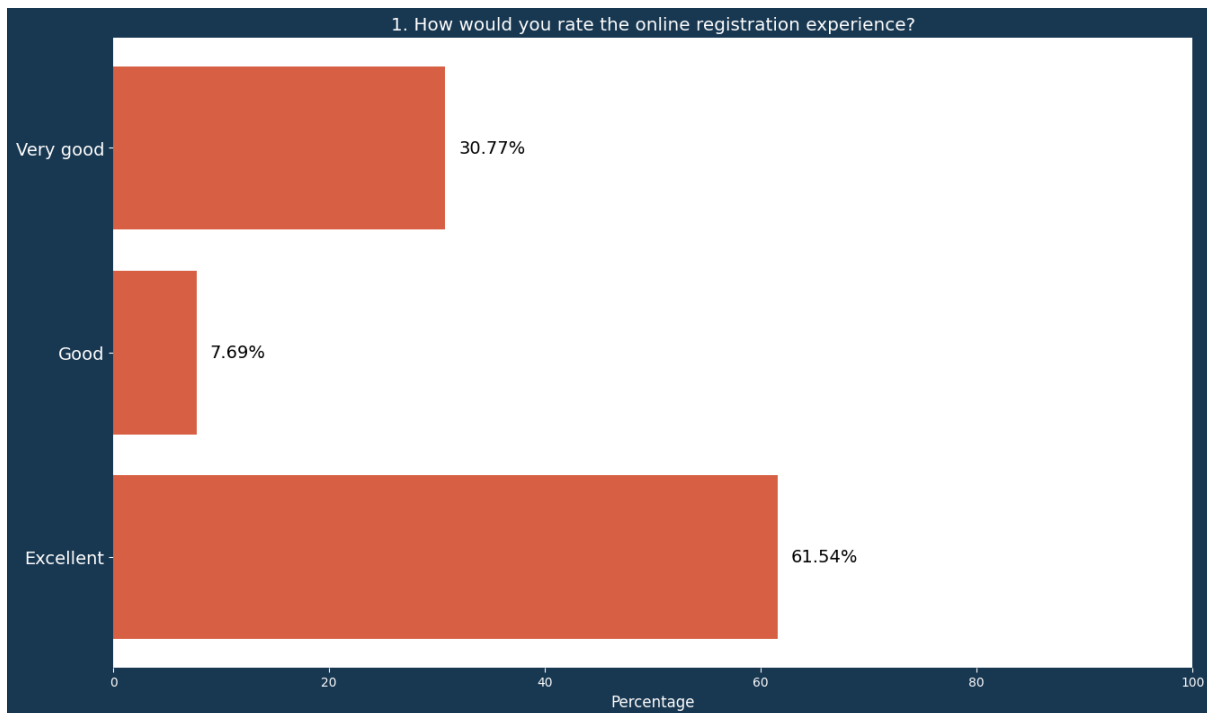
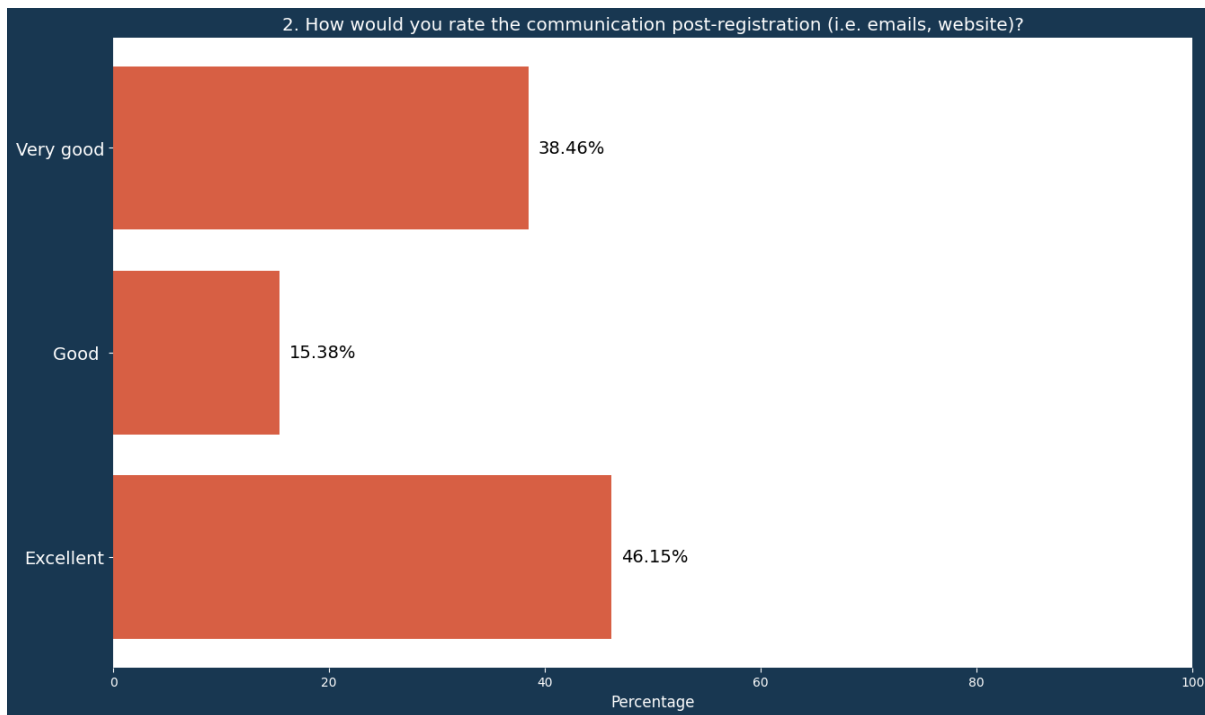


Figure 2

Post-registration communication



Examination room setup & equipment

When asked about their awareness of the new station format in the examination, all candidates indicated that they were aware of the changes. When asked how they heard about the changes, the vast majority of candidates indicated that they knew about the changes given a prep video or Zoom meeting orientation, or through the ACBSP website.

When responding to questions about their expectations regarding the examination room setup and equipment, most of the candidates (92% and 77%, respectively) confirmed that their expectations had been completely satisfied (Figure 3 and Figure 4).

Figure 3

Examination room setup

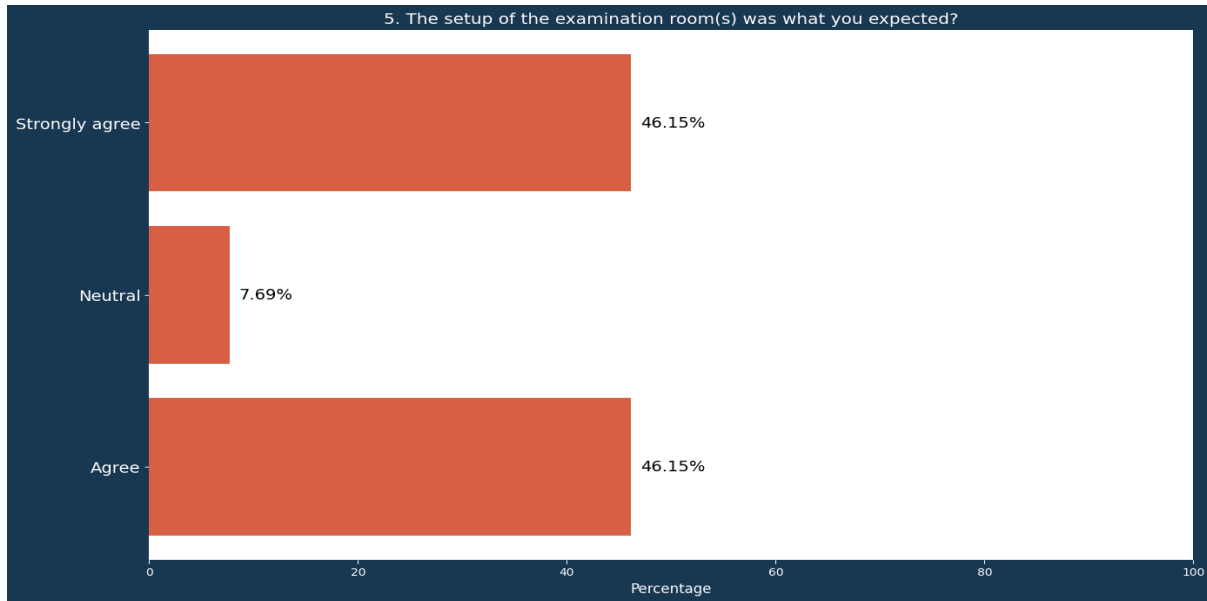
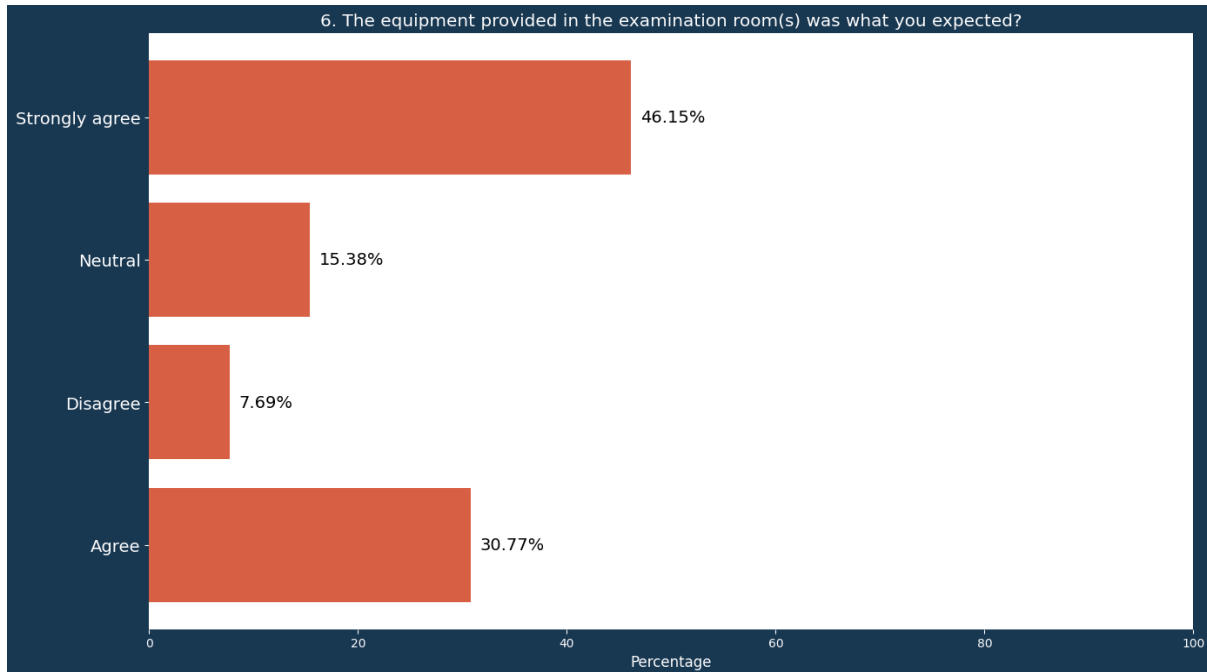


Figure 4

Examination room equipment

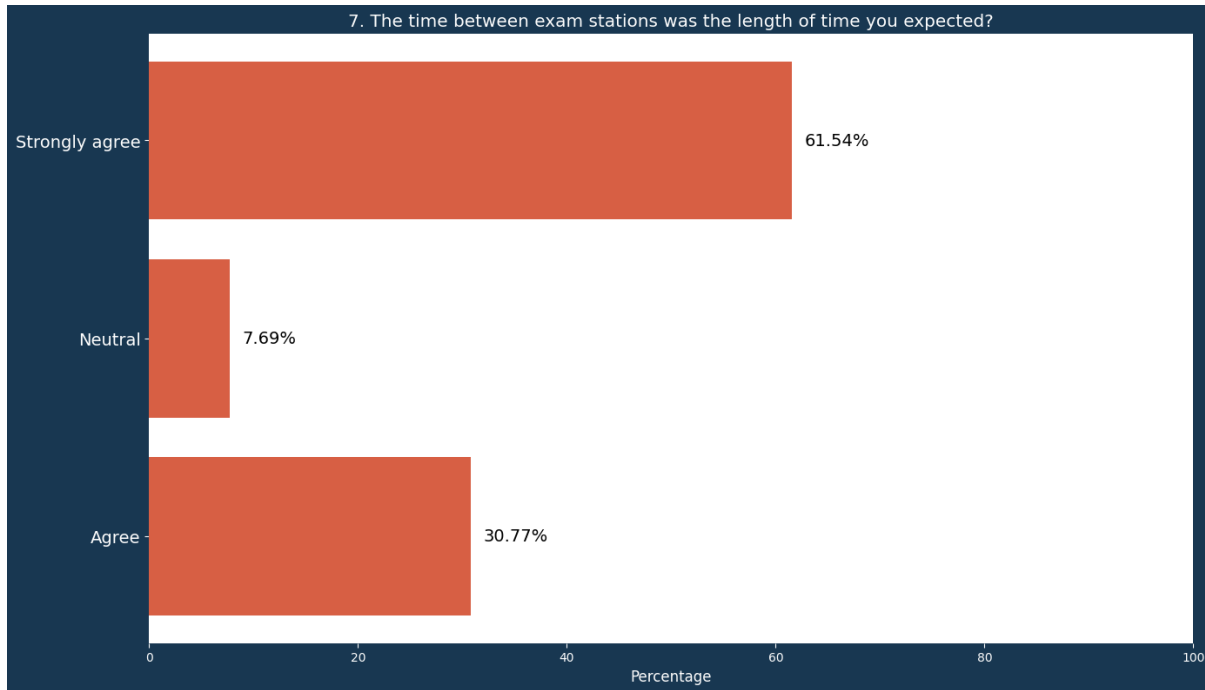


Examination timing

Regarding survey questions about the time length between exam stations, most candidates (92%) responded that it aligned with their expectations (Figure 5).

Figure 5

Time length expectation



Preparation

Survey questions were asked that tapped into how long and how the test takers studied and/or practiced for the exam. Results indicated that the candidates studied between 15 to over 100 hours for the exam. Most candidates indicated that they studied at least 50 hours.

When asked about how they studied, 31% of the test takers indicated that they studied alone (Figure 6). Lastly, when asked about how many times they practiced or demonstrated verbalizing the exam stations, most test takers indicated that they practiced more than 10 times (Figure 7).

Figure 6

Mode of study

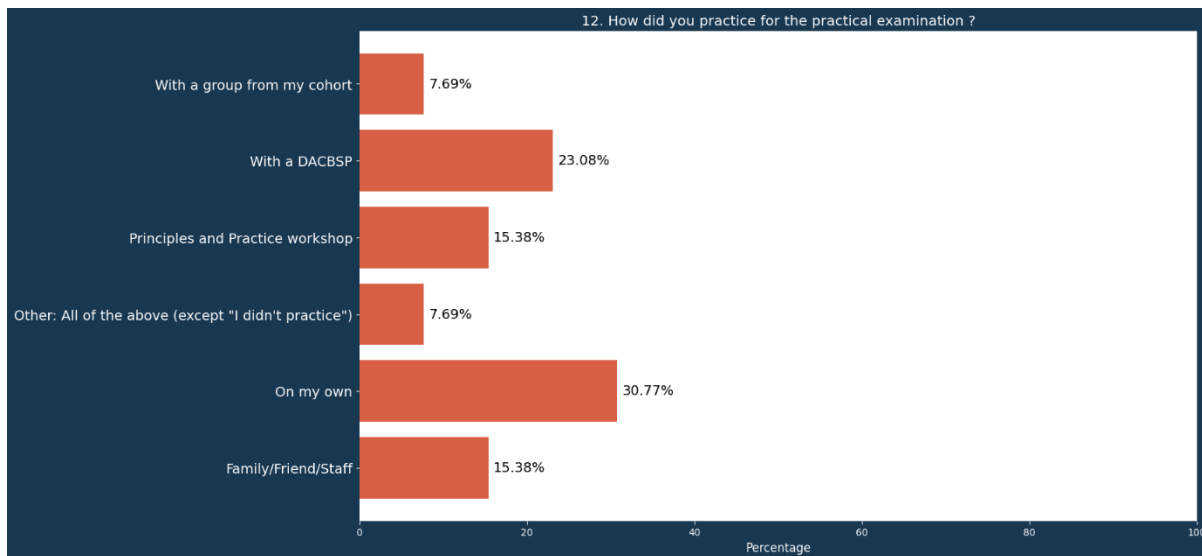
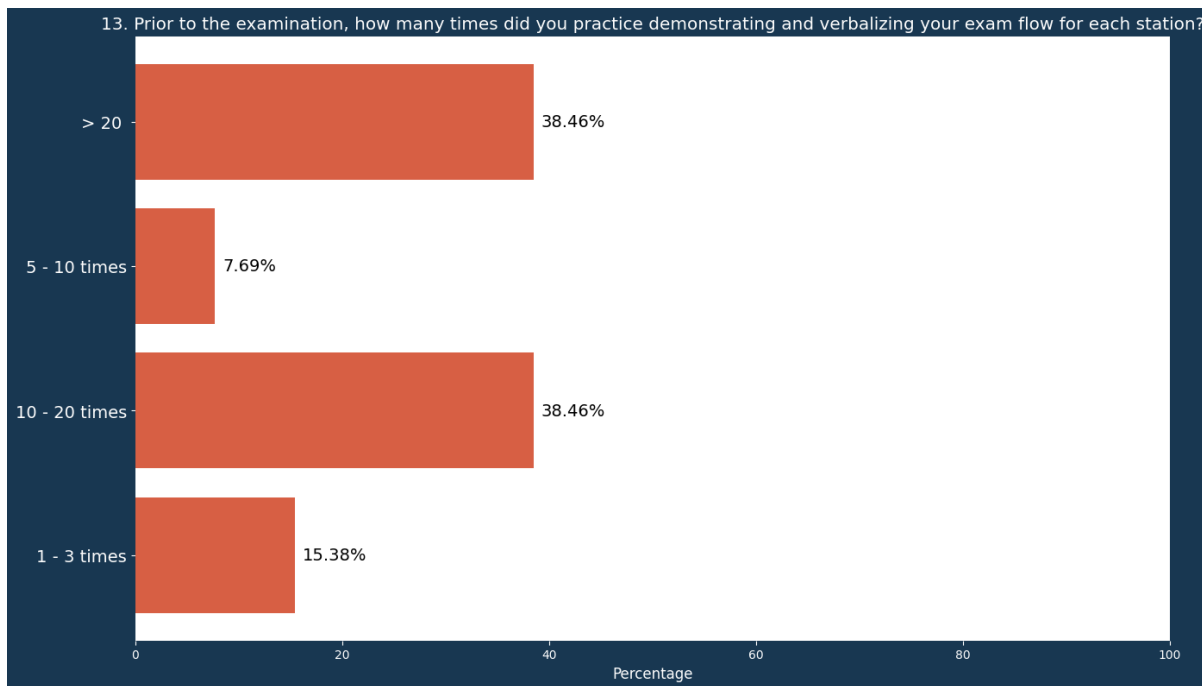


Figure 7

Number of times practicing for stations

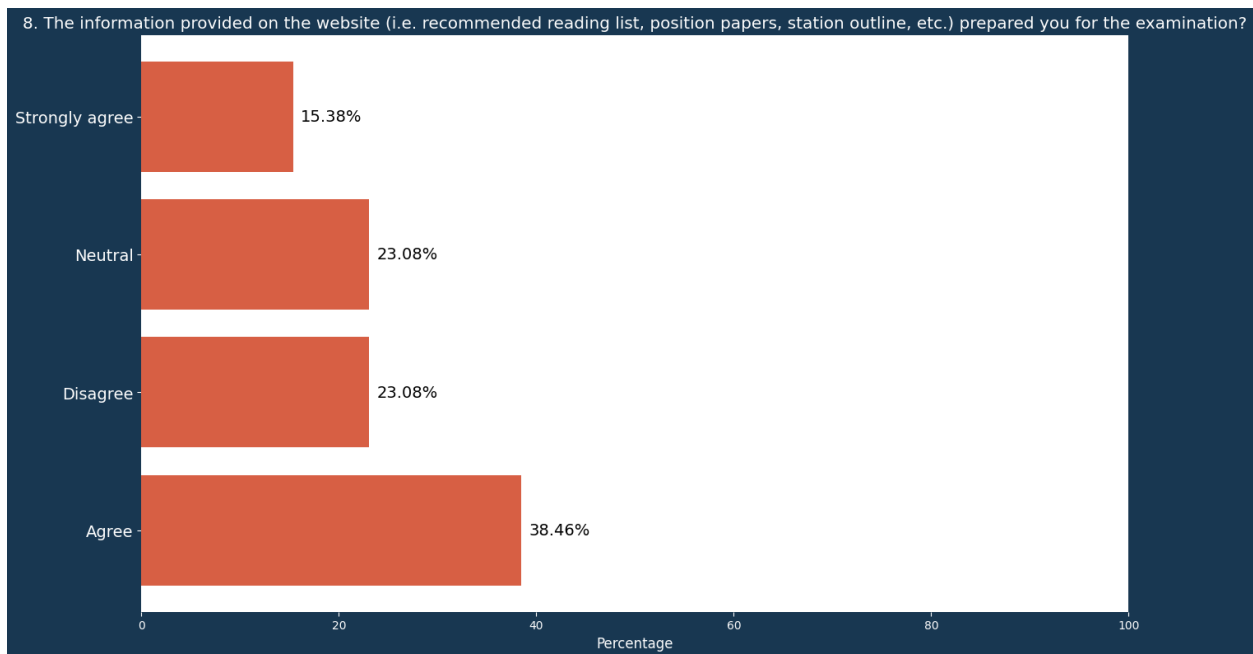


Pre-examination information

Survey results regarding whether candidates were provided with necessary information prior to the examination indicated that the candidates' perception was largely positive, with 54% of them responding that they agreed or strongly agreed that the information they were provided prepared them for the exam. There were some individuals, however, that disagreed (Figure 8).

Figure 8

Pre-examination information on the website



In-person & online preparation courses

Survey questions that asked candidates about their experiences with online and in-person preparation courses indicated that the former ones were more helpful than the latter ones (38% against 23% in Figures 9 and 10). It is worth mentioning that over 50% of the candidates decided to stay neutral towards both types of courses.

Figure 9

Helpfulness of in-person courses

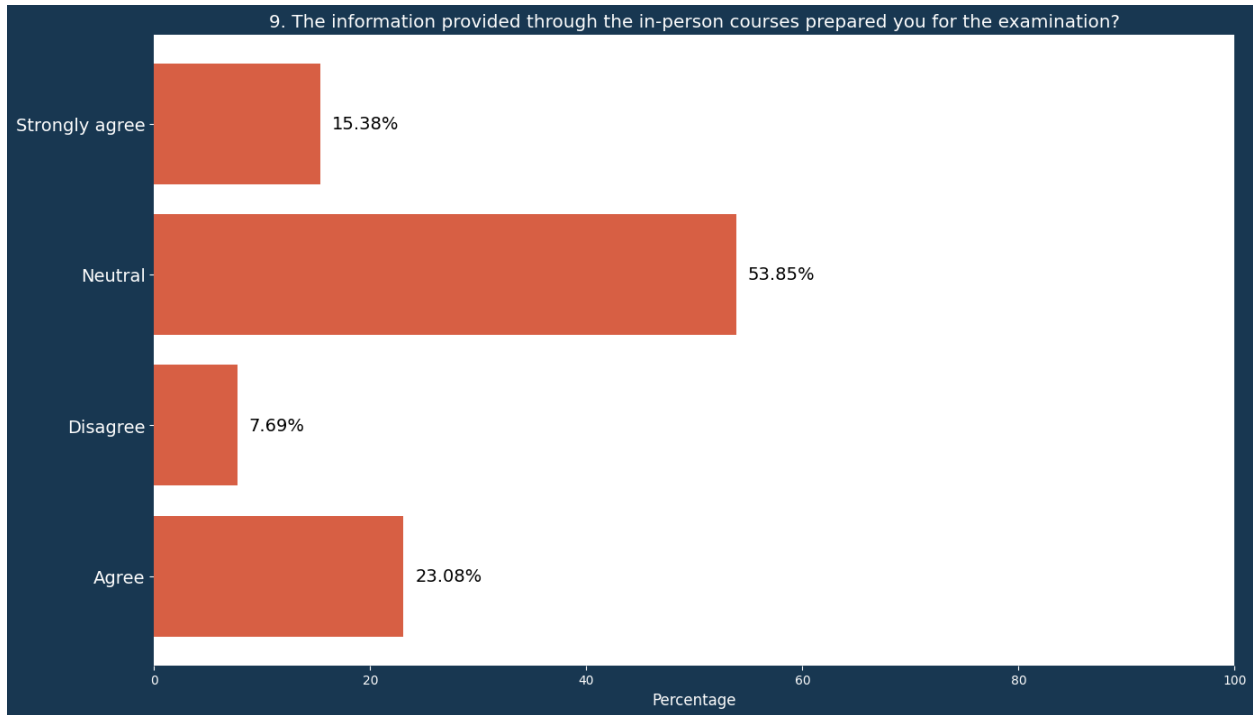
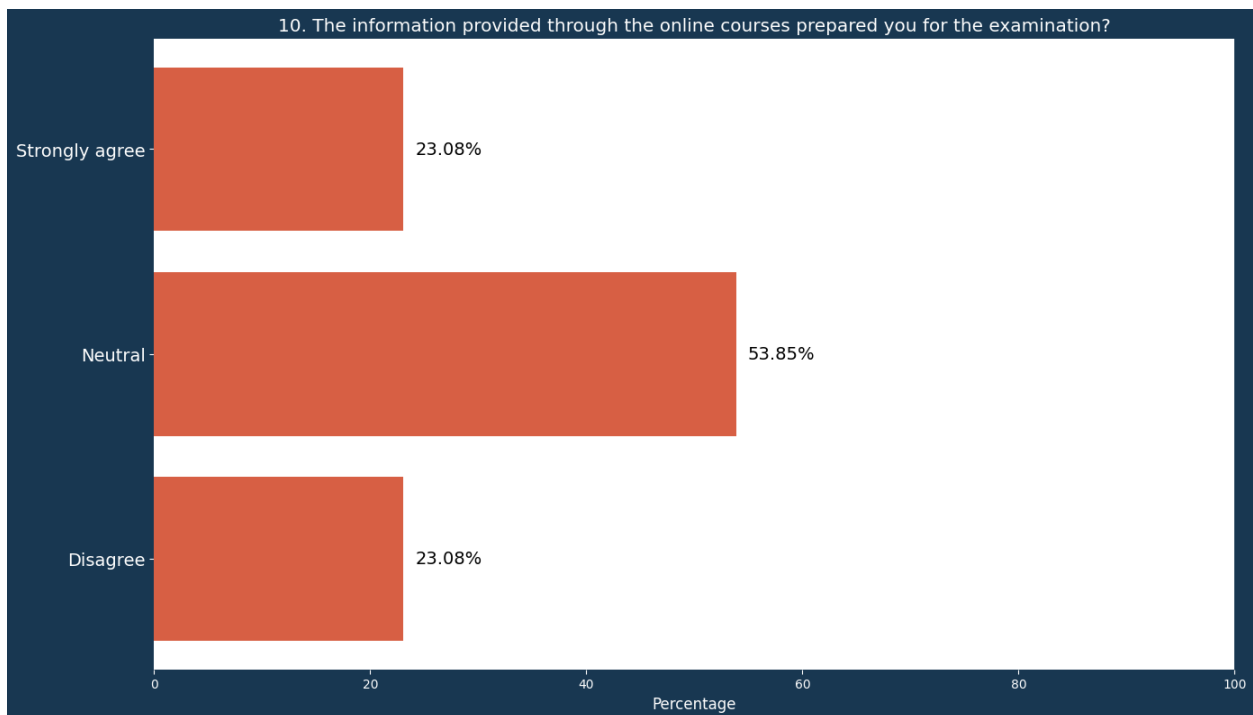


Figure 10

Helpfulness of online courses



Gaps in Knowledge

Test takers were also asked questions about their thoughts on the information taught and the information they were tested on. They were also asked if they would change anything in their pre-exam preparation. Over 50% indicated that they would change their preparation strategies (Figure 11). Table 1 highlights what the candidates would change given open-ended feedback.

When asked about potential gaps in content learned versus content tested, most individuals indicated that there was a gap in what they were taught and what they were tested on (92%, Figure 12). Table 2 presents feedback from users that articulated where they believed the gaps were.

Figure 11

Would you have changed anything?

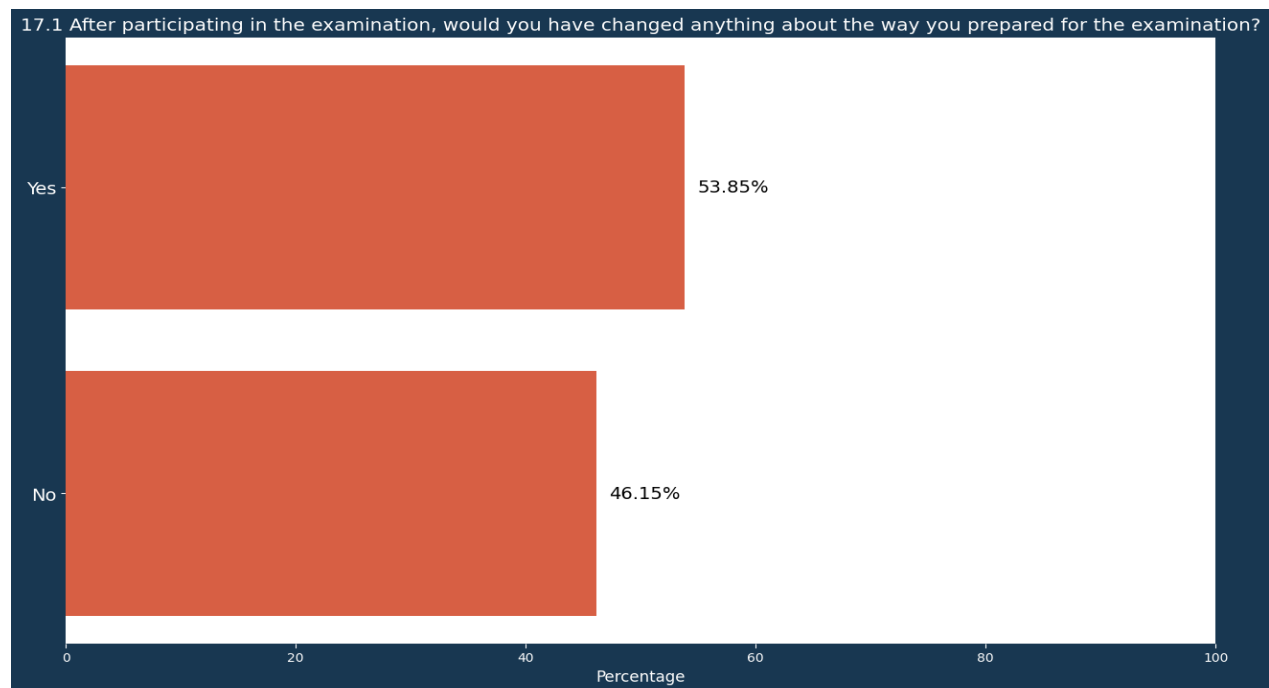


Table 1

Open response feedback regarding what candidates would change in their preparation

Preparation changes
I would have emphasized more priority in preparation for the rehab station. Fourteen minutes is the minimum time required to demonstrate and verbalize a comprehensive rehab program with the 10 exercises provided, along with stating the different focuses in all 4 phases of rehab. It is not enough time to be thorough and describe our reasonings for the implementation of each exercise. I wish to have been more concise in my preparation.

Yes, I would have made sure I regurgitated the outline, EXACTLY as it was. You can't deviate at all. Even if the items were listed in the scenario, you still have to pretend you didn't know them, otherwise, you wouldn't get the points.
The diagnosis was not a sports related injury in upper/lower clinical management. No information was available on how patients hurt themselves in the first place. I do think I would see that patient in my office but it was not sports related.
Yes. I felt like the time went faster in the room, even though I time myself when doing the flow in practice. I would have a condition, and two extra people to go through it with me.
Yes I would have focused more on verbal explanations of each testing scenario.
More time verbalizing test plan and practicing flow.
A lot of the links for videos or position papers to the website could not be completed or found on the website. I had to google for position papers and pull up a specific email pdf link that had papers listed and search that way. It would be nice if there was a page on the website with links to each of these, that didn't require making more accounts with the different journals
The second time around was much less stressful, as I knew what to expect. Getting hands on with the same equipment the day before was tremendously helpful and to have experienced instructors leading us through the Spine trauma review was great.
I would of performed spinal trauma walkthrough more

Figure 12

Gaps in content versus testing

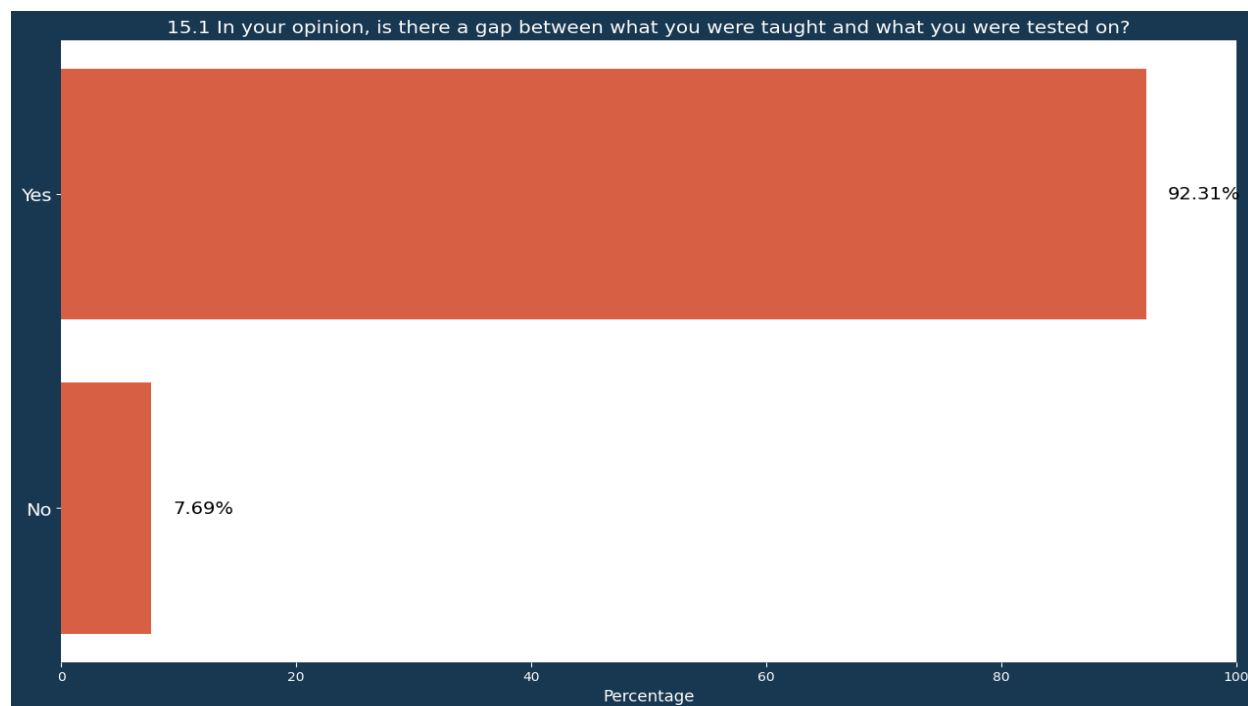


Table 2

Open response feedback regarding where the candidates indicated gaps and potential solutions

Gaps and potential solutions
More specific, focused study material.
The clinical thought process of a proctor and examinee do not always coincide, even though both clinical approaches may be deemed appropriate. This is true for the rehab station, and it is a difficult station to objectify for examination purposes. It is a good clinical skill to assess, though more work is needed to improve this part of the practical evaluation.
I didn't feel like this was a competency exam. It was a checklist exam. A possible solution would be to post a video of a testing room. You can use a previously given scenario on a test. Have a doc walk through it and show what your expectations are. You wouldn't be giving away any secrets, or answers. Just showing what is expected from you. You don't even need to show the score sheet. It would have made the entire process more clear on the expectations.
For me taking 1 station I really focused on as much in each joint that could be injured with sports. Again, clinical upper/lower was not sports related so it through me off.
I think the review course was VERY helpful. It closed many of the gaps that I thought were OK going in to the test but realized they weren't.
I have read numerous articles that state that the tuning fork should not be used for detection of fracture yet almost all rooms contained a tuning fork as part of the equipment. With some rooms it felt as if I was being encouraged to use it as a tool to support my diagnosis and physical exam but it is not supported in the literature. As an evidence guided test, my solution would be to remove the tool completely.
The gap mainly was in testing procedures and my master's degree program we were not tested anywhere near how we were tested in the exam. For example, we had limited access to oxygen usage and assembly, as well as suction devices. We also used different spine boarding straps versus what was in the testing environment.
Pure knowledge, very prepared, as far as the practical goes there is really no info on how to perform the exam properly. I was extremely glad I went to the exam prep, especially the emergency hands on section, on Wednesday. Not to teach just to pass the practical but more info on how to perform the practical through the classes would be helpful.
My online course through DC online had a lot of stories and anecdotes, but lacked actual workflow on how to diagnose and treat the conditions we were tested on. I know the books are required learning, but so was the online coursework. I felt there was a lot of room for improvement on instructional videos, and case management, not only on diagnosis, but especially treatment parameters once we had the diagnosis
The one in-person class that I attended was not great for studying for the practical exam. Not enough time was spent on Spine trauma, not had I even touched an O2 tank until I took the first practical.
Scat 6 vs Scat 5
There should be a DACBSP that performs each station at a 100% pass rate so we can reference the video for each station (especially spinal trauma).

Stress & overall experience

When asked about the candidates' stress levels, approximately two thirds of the candidates indicated that there were external factors which caused them stress (Figure 13). According to the open response feedback outlined in Table 3, the following stress factors were identified as: (a) travel associated with taking the test; (b) inconsistency in examiners; (c) limited opportunities to take the test; (e) station confusion.

When asked about their overall experience all the candidates responded that their experience was Fair, Good or Very Good (Figure 14). Tables 4 and 5 highlight candidate feedback to open-ended questions about their overall experience and any suggestions they may have to make their testing experience more enjoyable.

Figure 13

Experience with external stress factors

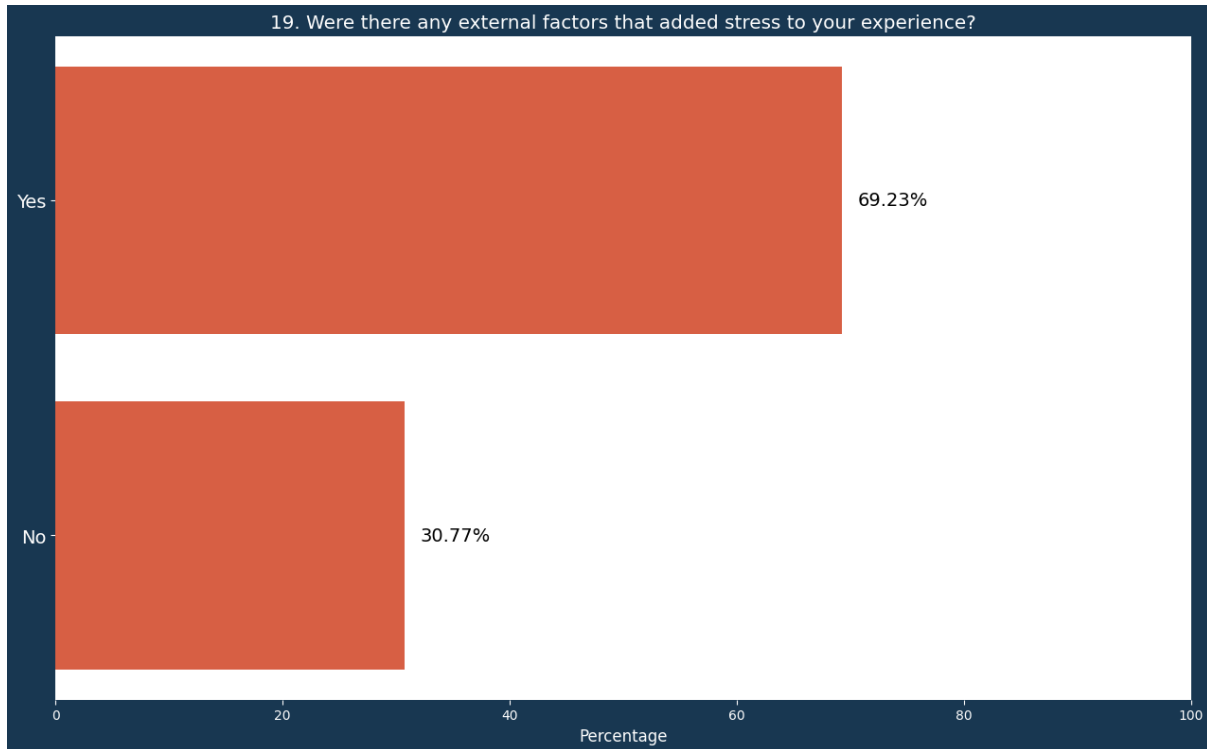


Table 3

Open response feedback regarding experience with external stress factors

What external factors added stress to your exam experience?
Recovering from Oct. Exam.
It would have been great to have the examiners show a little more understanding and kindness. It's not cheating to say 'hello' and 'how are you?'. It's just professional courtesy.
Travel. When I was initially taken back to start exam, they put me in station for sideline management and I was to re-take office setting. I think for re-takes it should be confirmed what station needs to be tested. So that was stressful.
Questions couldn't be answered during the online preview because material hadn't been sent out yet.
The fact that there are limited opportunities to take this Exam. Time change traveling from the EST. My fiancé being 39 weeks pregnant but having to travel due to limited testing availability during this time.
In the concussion room, when assessing the patient's responsiveness, the word unremarkable was used. This was confusing and caused some confusion about where to intervene initially. This caused rushing to make up for lost time.
Travel in itself for the test, and test parameters coming to disclosure only a couple weeks prior to the exam
Models not being able to speak (unaware) Inconsistency in examiners Not providing pertinent findings when asked (i.e Special Population station, sport athlete participated in should have been provided not "unremarkable"
2nd retake

Figure 14

Overall experience

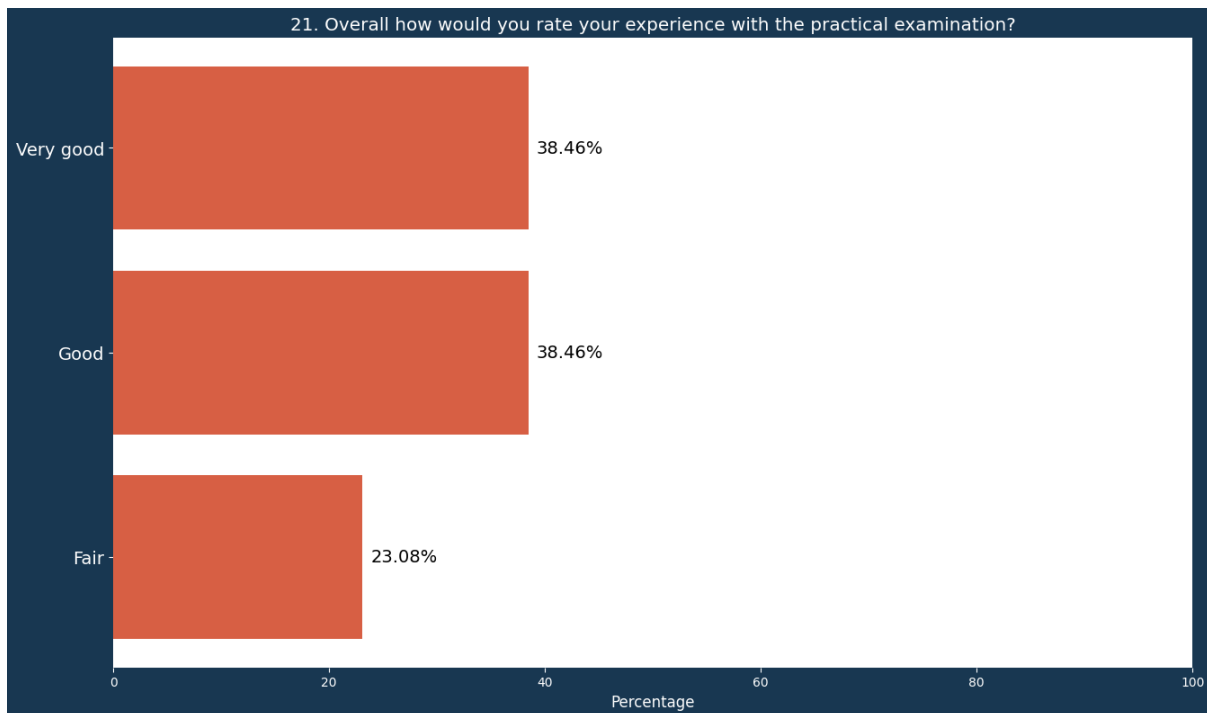


Table 4

Open response feedback regarding possible improvements

How could your practical exam experience have been better?
If there is a practical exam outline provided for the examinees, the proctors should be held to the same standard. During the initial on-field assessment of the head trauma station, it seemed as though the proctor did not understand the information I was asking for during my assessment. I merely followed the practical outline and on-field assessment page of the SCAT6. A proctor should grade as such for this examination.
It's not realistic to memorize a rehab program. This test should prove we are competent, not testing our rote memory. We should be able to come into the rehab room with a prepared version of what we are doing. Rehab is about demonstrating we know how to prep a program, how to show and walk a patient through it. Not memorizing it. This would still test competency. You could ask more questions on the back end to prove we know what we are doing, and not just using someone else's sheet.
I wish there was more communication amongst the committee to the examinees that described in more detail what to expect on exam day. I was not aware that the "patients" would not be speaking and could not respond to questions asked. There were a couple of cases where the examiners gave inconsistent responses to questions asked mid-exam or their responses seemed aggressive/over assertive in nature. Stating that I was "inspecting the area" vs. "observing the area" gave different responses.
Please get newer tapes for testing purposes. There are 2-3 scenarios where you need tape, however this older tape laying around tends to get molded to itself and you cannot use it. This happened during my practical exam in 2 different scenarios which takes up valuable time. Ensure proctors to be ready to go at the start time. On my first scenario I walked into a room in the proctors were not ready to go and I was sent back out of the room into the hallway, this makes the testing process stressful
Overall practical was good, the way the exam rooms are run is just so different than normal practice it takes time to get comfortable with. Having some practice on what to expect in the room would be helpful.
I appreciated the sequestration process being a shorter time frame in total, so we weren't locked in a room for numerous hours
We spent a very long time being sequestered after the exam. Although, I think it is much better to be sequestered AFTER than before. It would have been nice to know ahead of time, so that I could have brought cards or something with me.
Limiting external factors. Practical, entry level cases diagnoses
If stations could be taken again (with charge) if auto-failed.

Table 5

Overall experience open response feedback

Would you like to provide any additional feedback concerning your practical exam experience?
It would serve our profession and this certification with another level of value if you were to require an EMT certification instead of the Spine Trauma test. It would prove competency and offer value for us to provide services to organizations.
I feel it was a really good format, I was informed of outline. I do think that injury management should have been sports related with some details of the injury.
Great job. Thank you to all who participated, volunteers and all.
I wish that the responses given during the exam by the examiners were pertinent positives or negatives rather than "data unknown" or "unremarkable." As I was going through my flow, I would receive feedback "unremarkable" and I did not know what that meant or rather if I should continue with the flow or move on. This could easily be addressed and explained in the Q&A session.
SCAT-6 for word recall, the information given was inconsistent with the 10-word recall (told the pt. knew 2/5 words)
Some proctors were simply better than others, in some stations we had very clear directions of what to do and how things should be performed and in others no information was given. Even on simple things such as positioning so the camera can record you or simply being ready to go, this feedback is highly important as these are timed exams. It would also be useful to add a video of a scenario to the website so future examinees know what to expect on this new testing format.
There is definitely a skill and comfort with the format that would help with the test. Having some sort of practice through the program's would be very helpful.
History in a lot of the stations was very lacking. For instance, the special populations for female triad, we had almost no history to base judgement of examination on. We were told "increased mileage", however not a range or number of miles, or even what sport or activity the mileage was regarding. For instance, increasing from 5 to 10 miles per week is very different from 20-30 miles per week. This made me think this was a trick question and changed my clinical decision making on examination
A suggestion...since the standard of Spine Trauma is the same as the National EMT standard....why not just require an EMT certification to get your DACBSP. Getting your EMT licensure also elevates the doc, as it's recognized everywhere, and would maybe create better sideline opportunities. The general public knows what an EMT is, but not a Diplomate. Then you could eliminate the Spine Trauma station on the practical and focus on other important aspects.

Summary

Overall, results from this survey indicated that most candidates had a positive experience during their testing experience, from the beginning to the end. Below is a summary of the key points of the user survey for the exam that should be considered for future administration decisions.

- Stress Management:
 - Evaluate and address stress factors related to the exam day schedule, such as interactions between examiners and candidates, travel to the exam, and opportunities to take the exam.
- Gaps in content versus what is tested:
 - Make sure that the content tested is aligned with what is outlined for the examination in the preparation material.
- Examiner Preparedness:
 - Ensure examiners are adequately familiar with scenarios to maintain a smooth flow during the evaluation.
- Station Feedback:
 - The Spinal Trauma station should be reevaluated for utility. It may be beneficial to require candidates to have different certifications and remove this station.
 - Diversity and History across stations should be considered.
 - The practical utility of the skills across stations should be evaluated.
 - Updated equipment in stations (e.g., new tape, tuning forks, etc.).